

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1000  
(No. 1231, clara

File No. 24726  
Registered No. 6129  
St. .... Ward .....

2. FULL NAME

Henry W. Krayer  
(a) Residence, No. 1231 clara St., 6 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Krayer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1855</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>0</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>city salesman - al Roth Brokerage Co</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>July 1, 1933</u>		
11. Total time (years) spent in this occupation <u>1 yr.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
13. NAME <u>Frederick C. Krayer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Caroline C. Schrick</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Newark New Jersey</u>		
17. INFORMANT (ADDRESS) <u>Miss Carrie C. Krayer 1231 clara Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>July 15, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Shepard Funeral Home 1107-69 Hamilton Ave</u>		
20. FILED <u>14 1933</u> <u>G. F. Bredebeck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1933, to July 13, 1933  
last saw him alive on July 13, 1933. Death is said to have occurred on the date stated above, at 9:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
93C  
Chronic Myocarditis  
Arterio Sclerosis  
Other contributory causes of importance:  
None

Name of operation none Date of Jan 10, 1933  
What test confirmed diagnosis? Cholesterol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury 1933  
Where did injury occur? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) J. M. Gibson M. D.  
(Address) 4337 Washington Blvd

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